

**Department of Criminal Justice Services (DCJS)**  
**Victims Services Section (VSS)**  
**Grant Funded Programs**

**INFORMATION UPDATE FORM**

Program Name: \_\_\_\_\_

Program Grant #: \_\_\_\_\_

**Reason for completing programmatic change form:**

☐ Employee Separation   ☐ New Staff   ☐ Extended Leave (**longer than one week**)

Other: \_\_\_\_\_

**SEPARATION/HIRING OF STAFF**

Name & Position of Staff Leaving Program: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**New Staff Contact Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail (Required): \_\_\_\_\_ Fax: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**EXTENDED LEAVE**

Anticipated Dates of Absence for Extended Leave:

\_\_\_\_\_

Is anyone assisting with your caseload during your absence?      Yes ☐      No ☐

If yes, please list name & contact information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail (Required): \_\_\_\_\_ Fax: \_\_\_\_\_

If you are a DCJS funded Victim/Witness program and you would like to refer victims to DCJS's **Crime Victim Assistance INFO-LINE** during your absence, please contact Carla Wagstaff, INFO-LINE Coordinator at (804) 225-3453.

This form was developed by the Victims Services Section to enable grant funded Victim/Witness, VSTOP, Sexual Assault and Virginia Sexual and Domestic Violence Victim Fund Programs to notify DCJS about any changes that might occur in personnel. Please contact your VSS grant monitor if you have questions about when and how to complete this form. **This form may be mailed, e-mailed or faxed to your grant monitor.**